

Picket/Demonstration Application



Mail To: Metropolitan Police Department
Special Operations Division
2301 L Street, NW
Washington, DC 20037
FAX: (202) 727-6839

Check One:
Picket
Demonstration

Date Application Submitted/Received: _____ **Date of Event:** _____

Purpose: _____

Location: _____

Principal Officer/Person in Charge *(If there is a different person in charge of activities at different locations, each person must be listed):*

Address: _____

Telephone Numbers

(Include Area Code)

Day: _____ **Evening:** _____

Cell: _____ **Fax:** _____

Email: _____

Name of Group: _____

Estimated Number of Participants: _____

Assembly Time: _____ (am/ pm) **Disbanding Time:** _____ (am/ pm)

List any Special Equipment *(props, stages, sound equipment, other structures)* **that will be used in assembly and/or rally areas** *(If insufficient space, list on separate sheet.):* _____

Any Planned Civil Disobedience or Arrests: **YES NO**

(If yes, please indicate the individual/group, number of participants & locations) _____

SIGNATURE

DATE